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DEWIPAT File No. 30.007.10.US

Form PTO/SB/122
(Modified)

**Change of Correspondence Address
Application**

2004

Application No.	10/632,943	Attorney Docket	ARC3274R1
Filing Date	2003-07-31	Customer No.	
Applicant	Scott Gilbert	Confirmation No.	4967
Examiner		Art Unit	
Title	Injection Device Providing Automatic Needle Retraction		

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number:

OR

<input type="checkbox"/> Firm/Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number **42,254**.
- ☐ Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Printed Name	Adenike A. Adewuya		
Signature	<i>Adenike Adewuya</i>		
Date	8/4/2004	Telephone	281-477-3450

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.